Application Form for Repeater Candidate
(CCMC Rating)

Appear in the month of Exam (Mar/Jun/Sep/Dec) ____________________________

Selected Exam Center: ____________________________

Name as per INDOS: __________________________________________________________

Date of Birth DD MM YY ____________________________ INDOS No. ____________________________

Candidate Code No. ____________________________ Roll No. ____________________________

(To be allotted by BES)

Write No. of attempt ____________________________ Last Examination Roll No. ____________________________

Pre-sea training period: From _______ ___ To___________

Name of the Training Institute: __________________________________________________________

Applied for (put a tick mark which is applicable)

Written & Online ____________________________ Practical ____________________________ Oral ____________________________

Total no. of Parts applied ____________________________

Examination Fee @ Rs. 425/- Per Part (Examination Fee will be accepted by Demand Draft only)

Please make a DD in favour of “Board of Examinations for Seafarers Trust”, payable at Mumbai.

Details of Examination Fee : Amount : ______________ D.D. No. ______________ Date ______________

Bank Name ____________________________

Name of the Candidate with permanent address (As per INDOS certificate)

Name: ____________________________________________

At Post: ____________________________ Tal.: ____________________________

Dist: ____________________________ State: ____________________________ Pin Code: ____________________________

Mobile No.: ____________________________ Email ID: ____________________________

I ____________________________ to hereby declare that the information furnished above are true to the best of

my knowledge.

Note: Signature should match with record of BES

Signature of Candidate

Board of Examinations for Seafarers Trust

Admit Card – CCMC Repeater

You should be present in the examination hall at least half an hour before the commencement of Examination.

Appear in the month of Exam (Mar/Jun/Sep/Dec) ____________________________

Selected Exam Center: ____________________________

Name as per INDOS: __________________________________________________________

Date of Birth DD MM YY ____________________________ INDOS NO ____________________________ Candidate Code No. ____________________________

Roll No.: ____________________________

Applied for (put a tick mark which is applicable)

Written & Online ____________________________ Practical ____________________________ Oral ____________________________

Signature of Candidate

Please sign within the box

Note: Signature should match with record of BES